STATE OF NEW HAMPSHIRE

2018 Statement of Income and Expenses for LOBBYISTS

for LOBBYISTS (RSA Chapter 15)

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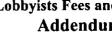
OCT 3 1 2018

NEW HAMPSHIRE DEPARTMENT OF STATE

	PLEASE PRINT	1	DEPARTMENT OF ST
I. Name of Lobbyist	(6) Mike Denneh	y Alex Kout	troubus
II. Name of lobbyist	's partnership, firm or corporation, if a	 any:	
Denr	me of parinership, firm or corporation	LLC	
Business Address: (S	Depot St # 3 (Town/City)	3 Concord 1	/H 03301 (Zip Code)
(603 228-1)	(00) (Fa)	e-mail	
	overs: (Choose one – file separate reporansactions which are not attributable		y file a separate report for
All reportable tran	nsactions occurring in the months prior to	the reporting date relative to th	e following client:
Concor'	(Full Namo of Client as it appears on the L	-d Regil H	ealthcare
<u>OR</u>	(1 an inamoor chem as it appears on the a	only is excession of only	
☐ All reportable tran unrelated to any partic	sactions by the lobbyist (including the lol cular client.	bbyist's family), or the lobbying	firm listed below which are
IV. Date of Report Reports cover: activ	April 25, 2018 [] vity from date of registration to 3/31/18	July 25, 2018	
	October 31, 2018 activity from 7/1/18 to 9/30/18	January 30, 2019 [] activity from 10/1/18 to 12/31/	′18
	n no fees received and no reportable complete just this form and submit it to the		
VI. Check if addition	nal reports are attached:		
,	ved fees or made expenditures, you must	file Addendum A- Fees and Ex	penses
Expense Reimbursem		·	
☐ If you, your firm,	or your family has made political contrib	utions, you must file Addendu	m C- Political Contributions
D	Managara ka Fakkara		
I have read KSA 15, R	firmation by Lobbyist RSA 15-B, RSA 14-C and RSA 664 and heart of my knowledge and belief.	ereby swear or affirm that the fo	oregoing information is true
M		inhalis	·
(Signature of lobbyist	t)	(Date)
Mike De	unely		
(Print Name of lobby	ist)		

STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A



(RSA Chapter 15:6)

	1 . 1 .
I. Name of Lobbyist(s) Mike Dennehy Ale	x Kouthoubas
II. Name of lobbyist's partnership, firm or corporation, if any:	
Dennehy & Bouley LLC	·
(Name of partnership, firm or corporation)	- uladic
III. Name of Client Concord Huspital Concord Reg'l Healthcan	Date
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, governmen including research, monitoring legislation, and related legal work. The greduced by any expenses:	t relations, or public relations service
a) Total of all fees received in this reporting period	a) \$ <u>20,000</u> .00
Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar y	b) \$ <u>24.000 - 00</u>
c) Total of all fees received to date	TO AND AND
(Add lines a and b)	c) \$ 44,000.00
I) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to refees. Separate reports are to be filed for expenditures made relative to each the lobbyist(s)/firm that are unrelated to any one client a separate report Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office e individual expenses where the expenditure was of \$25.00 or less (for examp lunch where the cost was \$25.00 or less, purchase of a pen with a value of lebeing lobbied, purchase of a ceremonial object given to a person being lobbied (c) an itemized statement of each individual expenditure made during this repeating purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value great restaurant expenses for a legislative reception). Expenses for honorariums contributions will be reported on separate addendums and should not be reported.	client and if expenditures are made b may be filed for the lobbyist(s)/firm e aggregate total of all expenses pai xpenses; (b) the aggregate total of a de: meals purchased during a busines ess than \$10 that is given to the perso ed with a value of \$25.00 or less); an orting period of greater than \$25.00 for ue of greater than \$25, purchase of er than \$25, but not greater than \$50 s, expense reimbursement, or political
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b) \$
c) Total of all itemized expenditures reported in detail in section VI.	c) \$

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	c) \$
f) Total of all expenses year to date	f) \$
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from l period, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	\$
	\$
	\$
	\$
	\$
	\$
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affir	m that the foregoing information
is true and complete to the best of my knowledge and belief.	
G.W.	18/20/18
(Signature of lobbyist)	(Date)
Mike Dermehu	
(Print Name of lobbyist)	

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

Name of Lobbying partnership, firm, or corporation: Dennehy & Rouley LLC	۱
Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any	
particular client): Concerd Hospital Concord Reg' Healthcar	e
Date of Report (check one):	
April 25, 2018	
I have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, and the following Addendums submitted with that Statement (insert the number of Addendum forms being submitted):	
Addendum A(s).	
Addendum B(s).	
Addendum C(s).	
I hereby swear or affirm that the foregoing information on the Statement and each Addendum is true and complete to the best of my knowledge and belief.	
(Signature of lobbyist) (Signature of lobbyist) (Date)	
Alex Kontroubas	
(Print Name of lobbyist)	